

ADULT AND SENIOR CARE UPDATE



SUMMER 2011

This is the Summer edition of the ***Adult and Senior Care Update***. Our goal is to provide you with timely and relevant information about issues that affect adult and senior care licensed facilities. We hope you will take time to review the Update and share it with members of your organization, as well as with others interested in adult and senior care issues.

NEW DIRECTOR FOR THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Secretary Dooley has appointed Will Lightbourne, the former Director of Santa Clara County's Social Services Agency, as the new Director of the California Department of Social Services (CDSS). He began his career in the human services arena in 1975 working for a non-profit in the Bay Area developing affordable housing for families and seniors and programs for the aged in San Francisco County, and held a number of positions in the years that followed. For the past two decades, Mr. Lightbourne has served as Social Services Director in Santa Cruz, San Francisco, and Santa Clara counties.

During the past four years, John Wagner has served diligently as the CDSS Director. Mr. Wagner will continue to serve under the Brown Administration and Secretary Dooley in the role as Acting Director for the California Department of Community Services and Development (CSD).

We congratulate and wish John Wagner the best of luck as he serves in his new position, and we welcome Will Lightbourne as the new Director of CDSS.

ORGANIZATIONAL CHANGES WITHIN THE COMMUNITY CARE LICENSING DIVISION

After 35 years in the Community Care Licensing Division (CCLD), Gary Palmer has retired as Chief of the Technical Assistance and Policy Branch. Gary has participated in almost every aspect of CCLD. He will surely be missed! Effective April 1, 2011 Gloria Merk, Program Administrator for the Child Care Program, assumed the duties of Acting Chief for the Technical Assistance and Policy Branch. Welcome Gloria!

Additionally, former CCLD Senior Care Policy Manager, Tricia Nishio has taken a new assignment in the Caregiver Background Check Bureau. Seton Bunker, the current CCLD Adult Care Policy Manager has taken over the Senior Care Policy Unit.

DEPARTMENT OF JUSTICE VIDEO AND TRAINING MATERIALS

As reported in the Winter/Spring Adult and Senior Care Update, the California Attorney General's Office, Department of Justice (DOJ), Bureau of Med-Cal Fraud & Elder Abuse has posted the video, "Your Legal Duty...Reporting Elder and Dependent Adult Abuse" and the associated training curriculum on the DOJ website at <http://ag.ca.gov/bmfea/>. As a reminder, it is a statutory requirement that all licensees and their staff view the video and review the training curriculum. The personnel file of each employee must contain a completed copy of the revised form SOC 341A acknowledging the employee's responsibility and rights regarding abuse reporting.

BACKGROUND CHECK PROCEDURES

As an important note, CCLD licensees of adult and senior care facilities must not request Child Abuse Central Index (CACI) or DOJ clearances through our system for, or on behalf of, any individual who is not required to be associated to the facility in question. For example, non-CCLD facility employees who work in facilities not under the purview of the CCLD (i.e., non-profits, private schools, skilled nursing facilities, independent caregivers). The only CACI or DOJ requests for clearances that may be obtained through our system are for those persons employed to work in or be present in our licensed facilities. Otherwise, these clearances must be obtained through the appropriate hiring agency.

Statute and regulation requires licensees of adult and senior care facilities to obtain DOJ criminal record background clearances or exemptions for specified persons. These persons must have their fingerprints submitted to the DOJ and the Federal Bureau of Investigation for the purpose of conducting a criminal background search. Those who are actively working in our licensed facilities and have an active criminal record clearance, or those who are not currently working but have an active clearance, may have their fingerprints transferred between state licensed facilities. If a person already has an active clearance, he/she should not be reprinted, as this causes delays and can delay the processing of a transfer.

If a person is applying to work in, or be present at an adult or senior care facility, a CACI check is not required and cannot be requested. Penal Code Section 11170 (b)(4) specifies who will have access to the CACI and for what purpose. Licensees receive DOJ clearances from DOJ directly.

911 AND EMERGENCY SERVICES

As an important reminder, licensees are to ensure the health and safety of residents in Residential Care Facilities for the Elderly (RCFEs) and community care facilities, as required by the California Code of Regulations (CCR), Title 22, Division 6, Chapter 8, sections 87465 (g) and 87469 (c)(1), and CCR, Title 22, Division 6, Chapter 6, section 85075.3(b)(1).

CCR Section 87645(g) requires:

- The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2).

CCR Section 87469(c)(1) requires:

- If a resident who has a Request to Forego Resuscitative Measures, and/or an Advance Health Care Directive and/or a Do Not Resuscitate form on file experiences a medical emergency, facility staff shall do one of the following:
 1. To comply with above regulations, a licensee is required to call 9-1-1, not a private medical emergency transport service, whenever there is an immediate danger to a resident's health (i.e., medical emergency).
 2. Health and Safety Code section 1569.73 permits facilities, with hospice waivers, to contact the hospice agency in cases of life-threatening emergencies involving the hospice client/resident.

Licensees and/or facility staff may contact the hospice agency, in lieu of calling emergency response services if all of the following conditions are met:

1. The client/resident is receiving hospice services from a licensed hospice agency.
2. The client/resident has completed an advance health care directive, requesting to forego resuscitative measures.

3. The facility has documented that facility staff have received training from the hospice agency on the expected course of the client's/resident's illness and the symptoms of impending death.

CCR Section 85075.3(b)(1) requires:

- If a client experiences a medical emergency and has an Advance Health Care Directive on file, the facility staff shall do one of the following:
 1. Immediately telephone 9-1-1, present the Advance Health Care Directive to the responding emergency medical personnel and identify the client as the person to whom the Directive refers, or
 2. Immediately give the Advance Health Care Directive to a physician, Registered Nurse or Licensed Vocational Nurse if he or she is in the client's presence at the time of the emergency and if he or she assumes responsibility.

CALIFORNIA LAW REQUIRING CARBON MONOXIDE DEVICES

On May 7, 2010, Senate Bill 183 was enacted into law and is known as the Carbon Monoxide Poisoning Prevention Act (Act). This Act applies to existing housing, it covers every "dwelling unit intended for human occupancy" which means single-family dwelling, factory-built homes, duplex, lodging house, condominiums, motels, hotels, dormitories, stock cooperatives, time-share projects and dwelling units in "multiple-unit dwelling unit buildings" (apartment houses). This Act requires dwelling units to have installed a "carbon monoxide device" that is designed to detect carbon monoxide and produce a "distinct, audible alarm"; and requires the State Fire Marshal to certify and approve carbon monoxide devices and their instructions.

The devices must be installed, consistent with new construction standards or according to the approved instructions, in all existing single-family dwellings units no later than July 1, 2011. All other dwelling units (such as apartments) must have proper carbon monoxide detectors installed no later than January 1, 2013. To assist licensees and providers with resource information on these requirements, we are providing you with a link to the website of the State Fire Marshal <http://osfm.fire.ca.gov>.

CENTERS FOR DISEASE CONTROL UPDATES RECOMMENDATIONS FOR CONTAMINATION OF NOROVIRUS DISEASES

The Centers for Disease Control (CDC) and Prevention has issued updated guidelines for outbreak management and prevention of disease stemming from noroviruses, the most common cause of epidemic gastroenteritis.

Each year in the U.S., an estimated 21 million illnesses are attributable to noroviruses. The illness typically begins after an incubation period of 12 to 48 hours with acute onset symptoms including non-bloody diarrhea, vomiting, nausea and abdominal cramps.

Even when severe, symptoms typically resolve without treatment after one to three days in otherwise healthy people. However, more prolonged courses of illness lasting four to six days can occur, particularly among young children, elderly people and hospitalized patients.

Approximately 10 percent of people with norovirus gastroenteritis seek medical attention, which might include hospitalization and treatment for dehydration with oral or intravenous fluid therapy. Norovirus-associated deaths have been reported among elderly people and in the context of outbreaks in long-term-care facilities.

According to CDC, appropriate hand hygiene appears to be the most effective method of preventing norovirus infection and controlling transmission. The efficacy of alcohol-based and other hand sanitizers remains “controversial,” according to the agency, while washing with soap and running water for at least 20 seconds is a more proven method.

For environmental disinfection, cleaning products and disinfectants should be Environmental Protection Agency registered and include label claims for use in healthcare settings. Staff should adhere to the manufacturer’s instructions for dilution, application and contact time.

Heat disinfection has been suggested and used successfully under laboratory conditions for items that cannot be subjected to chemical disinfectants such as chlorine bleach. Other disinfection approaches such as ozone, hydrogen peroxide or coating surfaces with antimicrobial materials also have been proposed.

Facilities should report all outbreaks to the appropriate local or state health department, and appropriate CCL local office, in accordance with regulations.

To read the full report visit:

www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm?s_cid=rr6003a1_w.

EMERGENCY PREPAREDNESS AND ASSESSMENT

The U.S Department of Health & Human Services has developed an assessment tool for disaster planning. This tool creates a record for identifying resident needs and a plan for meeting those needs in the event of a mass casualty event. This tool is helpful in anticipating the needs of residents to aid in emergency planning. To see the assessment tool visit: <http://www.ahrq.gov/prep/homehealth/homehlth7.htm>.

THE SUMMER HEAT

Heat strokes and heat exhaustion are two types of heat stresses that are more common in elderly persons than younger people. Heat strokes are the most serious heat-related illness as it occurs when the body becomes unable to control its temperature; the body's temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Some signs and symptoms of heat stroke are:

An extremely high body temperature	Throbbing headache
Red, hot, and dry skin (no sweating)	Nausea
Rapid, strong pulse	Dizziness

Heat exhaustion is a milder form of a heat-related illness that can develop after several days of exposure to high temperatures or an inadequate or unbalanced replacement of fluids. Some signs and symptoms of heat exhaustion are:

Heavy sweating	Paleness
Muscle Cramps	Tiredness
Headache	Weakness
Dizziness	Fainting
Nausea or vomiting	Pulse rate, fast and weak
Breathing is fast and shallow	

For additional information on extreme heat and what to do help protect elderly residents in care, please visit <http://www.bt.cdc.gov>, or the CCLD website at <http://www.cclld.ca.gov/PG535.htm>.

SUMMARY

If you have questions about this *Update* or suggestions for future topics, please contact Gloria Merk, Acting Chief of the Technical Assistance and Policy Branch, at (916) 651-3456. Please visit our website at www.cclld.ca.gov for copies of *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

Original signed by Jeffrey Hiratsuka

JEFFREY HIRATSUKA
Deputy Director
Community Care Licensing Division